Report Renod

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Name (print)

 $\frac{\int SSFmG}{\text{Office (if applicable)}}$ 

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	<b>CATEGORY</b> (See Previous Page) NRS 294A: 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Avila ENBapana's	DSIGNS	6-11-02	119,00
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Rudolph Durso

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Name (print)

Office (if applicable)

District (if applicable)

## Expenses of \$100 or Less

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